

City of Wichita SEWER PERMIT APPLICATION

SANITARY SEWER PERMIT ☐

STORM SEWER PERMIT ☐

STREET ADDRESS		BLDG.	SUITE	ZIP CODE	SECONDARY ADDRESS
<hr/>					
LEGAL DESCRIPTION	NAME OF ADDITION		LOT NUMBER		BLOCK NUMBER
<hr/>					
PROJECT		GENERAL CONTRACTOR BUILDING PERMIT NUMBER (If Commercial)			
<hr/>					
CONTRACTOR				LICENSE NO.	
<hr/>					
BUSINESS ADDRESS				TELEPHONE NO.	

MAKE CHECKS PAYABLE TO: CITY OF WICHITA

Permit Fee: \$30.00	Mail Permit To: OFFICE OF CENTRAL INSPECTION	Fax To:
Re-Inspection fees: \$25.00	CITY HALL, 7TH FLOOR	(316) 268-4663
Investigation fees: \$100.00	455 N. MAIN	
	WICHITA, KS 67202-1600	

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A SEPARATE PERMIT NUMBER AND FEE (\$30.00) IS REQUIRED FOR EACH OF THE FIVE CATEGORIES SELECTED BELOW:

<input type="checkbox"/>	New Connection:	(Check appropriate box(s) below)		
<input type="checkbox"/>	Residential	<input type="checkbox"/>	Commercial	
<input type="checkbox"/>	Main Building	<input type="checkbox"/>	Accessory Building	<input type="checkbox"/>
<input type="checkbox"/>	Off Septic	<input type="checkbox"/>	Mud & Oil Trap Incl.	Modular/Mfg. Bldg/Mobile Home
		<input type="checkbox"/>	Other: (Explanation)	_____
<input type="checkbox"/>	Repair / Replacement:	(Check appropriate box(s) below)		
<input type="checkbox"/>	Full Replacement (Bldg to City main)	<input type="checkbox"/>	Open cut OR	<input type="checkbox"/>
<input type="checkbox"/>	Partial Replacement (location _____)	<input type="checkbox"/>	Pipe burst	Install cleanout only
<input type="checkbox"/>	Mud & Oil Trap Incl.	<input type="checkbox"/>	Repair: (location _____)	
		<input type="checkbox"/>	Other: (Explanation)	_____
<input type="checkbox"/>	Re-connection:	(Seal off permit required for original connection location. Check appropriate box(s) below)		
<input type="checkbox"/>	Reroute & replace existing line with new tap to City main	<input type="checkbox"/>	Other: (Explanation)	_____
<input type="checkbox"/>	Seal Off:	(Check appropriate box(s) below)		
<input type="checkbox"/>	Building to be wrecked	<input type="checkbox"/>	Building to be moved	<input type="checkbox"/>
<input type="checkbox"/>	Other: (Explanation) _____	<input type="checkbox"/>	Main Building	AND/OR <input type="checkbox"/>
			Accessory Building	
<input type="checkbox"/>	Grease Interceptor:	(Indicate size below)		
	No. Gallons _____	No. Tanks _____	<input type="checkbox"/>	Connect to bldg service line OR <input type="checkbox"/>
				Separate City main

AN ALLEY, STREET, CURB OR SIDEWALK CUT REQUIRES A PERMIT FROM THE PUBLIC WORKS DEPARTMENT - CALL (316) 268-4501 FOR INFORMATION

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AUTHORIZED PERSON'S SIGNATURE _____ DATE: _____

(ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE WORK WILL BE COMPLIED WITH. THE GRANTING OF A PERMIT DOES NOT GIVE AUTHORITY TO VIOLATE THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAW REGULATING OR THE PERFORMANCE OF CONSTRUCTION.)